



LONDON COFFEE ACADEMY

**APPLICANT'S NAME** \_\_\_\_\_

**TO THE APPLICANT**

Please answer all the questions on this application form.

- It will help us if you type your answers or print carefully in black/blue ink
- Husbands and wives must complete separate application forms
- If you need more space to answer a question, please use a separate piece of paper

**Please return this form to:**  
**please print/fill out, sign, scan, then email it back to us at**  
londoncoffeeacademy@gmail.com

**OR**

**Post:** London Coffee Academy  
39 Camden High Street  
London, England NW1 7JH

**1.PERSONAL DETAILS**

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Names \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

Post/Zip code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Permanent address (if different from your present address) \_\_\_\_\_

\_\_\_\_\_

Post/Zip code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_ Day \_\_\_\_ /Month \_\_\_\_ /Year

Place of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Gender: Male / Female

Marital Status \_\_\_\_\_

Nationality \_\_\_\_\_

## 2. EDUCATION AND QUALIFICATIONS

University/College or Further Coffee Education (post 16 years old) – including dates and qualifications received:

\_\_\_\_\_

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## 3. PRESENT OCCUPATION/CAREER DETAILS

Please list any relevant coffee career details.

From	To	List Job Description or Main Responsibilities
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*Please use a separate sheet of paper if necessary*

#### **4. LANGUAGE COMPETENCIES**

Which languages do you speak, in order of fluency?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How well do you speak English? Very Well / Well / Average / Poorly

Level of coffee skill/work experience: \_\_\_\_\_

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#### **5. FINANCES**

##### **COSTS**

##### **School Fees £600**

This covers school fees and materials. You will need to cover your own transport and meals during your time with us. In addition to the above you should allow some money for coffee outings, personal leisure, etc.

**Deposit: £100** due when acceptance letter is received (Confirms your acceptance of our offer of a place, non-refundable. Deducted from total fees)

**Certification:** SCA certification is included in the cost.

**Fees Due:** the full payment is due two weeks before the start date for the school

*Please note that if you leave the school prior to the end, there is a refund policy in place. If you have any questions regarding those, please ask for more details.*

I understand the financial responsibility of the school and will pay the fees in the timing and way stated in this application.

Signed Date \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_

Printed Name \_\_\_\_\_

## **6. BACKGROUND QUESTIONS**

Please answer the following questions:

1. How did you hear about us?
2. Describe your coffee history and any work experience you have.
3. What is your purpose for training with us and what are your expectations of your time with us?
4. Do you have any health problems, dietary restrictions or any disabilities that may affect your day-to-day functioning? If yes, please outline how your functioning may be limited.
5. Is there anything else you think we should know about yourself? (e.g. current personal issues, health of yourself, educational needs, etc)

## **7. DECLARATIONS**

### **I UNDERSTAND THAT:**

In accordance with the Data Protection Act (2018), the information provided on my internship application form will be held securely, confidentially and will not be kept for longer than is necessary to achieve the stated purpose of recruitment, selection, supplementary personal details and statistics, or that required by law or our insurance company.

### **CONSENT FOR TREATMENT – AN EMERGENCY PROVISION**

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals.

Whilst LCA will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for LCA to act in my best interests. I recognize that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

**RELEASE OF LIABILITY:**

Though every effort is made to provide a safe environment, London Coffee Academy, their agents, employees and trainee assistants are insured against loss or injury caused by the negligence of London Coffee Academy. In the absence of any negligence or other breach of duty by London Coffee Academy, participation in a London Coffee Academy organised programme, event or outing is entirely at the participant's own risk. Accordingly participants are required to have adequate medical insurance for all phases of their involvement with the London Coffee Academy.

**SAFEGUARDING DECLARATION:**

If needed, I consent to a criminal records check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me may be disclosed along with any other relevant information, which may be known to the police.

If needed, I understand that, if I am a UK resident, a check will be made with the Disclosure and Barring Service (DBS) and that it is an offense for any person to commence Regulated Activity without first providing a valid DBS Disclosure. If I am an overseas resident, I understand that I will need to provide a police check from my home nation if the position I am appointed to requires it.

I agree to inform the person within LCA responsible for processing applications for the Disclosure and Barring Service if I become the subject of a police and/or a social services/(Children's Social care or Adult Social Services)/social work

department investigation. I understand that failure to do so may lead to the immediate suspension of my work and/or the termination of my work/training.

I have read and agree with the DECLARATIONS, CONSENT FOR TREATMENT and RELEASE OF LIABILITY above, and I declare that I have completed this application truthfully, to the best of my knowledge.

Signature\_\_\_\_\_

Date(dd/mm/yy)\_\_\_\_\_

Printed Name\_\_\_\_\_

## Personal Health Disclosure

- Please complete all sections of this reference.
- It will help us if you type your answers or print carefully in black/blue ink.
- If you need more space to answer a question, please use a separate piece of paper.
- Husbands and wives must supply separate disclosures.
- We reserve the right to ask you to have a medical reference completed by a medical doctor (or psychiatrist if appropriate), depending on the advice of our Medical Officer.

**YOUR HONEST INFORMATION WILL HELP US TO EFFECTIVELY ASSESS YOUR APPLICATION AND BEST CONSIDER YOUR NEEDS.**

### APPLICANT'S RELEASE OF MEDICAL INFORMATION

I \_\_\_\_\_(applicant's name), give permission for medical information to be reviewed by LCA's affiliated medical officer

(i.e. registered nurse, medical doctor, psychiatrist or suitably qualified allied health professional) for purposes of assessing my suitability for participation.

I give permission for the release of relevant medical information to the LCA affiliated medical officer in consultation, if necessary, with the personnel manager or team leader only.

Signed \_\_\_\_\_

Date dd/mm/yy) \_\_\_\_\_

### **GENERAL HEALTH**

Are you able to walk up to six miles (10 kilometres) in one day?  Yes  No

If this is an issue, please explain: \_\_\_\_\_

Are you presently in good health?  Yes  No

If no, please give brief details: \_\_\_\_\_

### **WELLBEING**

Have you experienced any of the following:

Anxiety Yes/No

Depression Yes/No

Mood Disorders Yes/No

Panic attacks Yes/No

Eating concerns/disorders Yes/No

OCD (Obsessive Compulsive Disorder) Yes/No

Self-harm Yes/No

Other mental health issues Yes/No

If yes, please give details

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Is there any other information that will be helpful for us to know as we consider your application?

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Do you have any allergies? (Please list all below)

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**Disclosing information in this section does not necessarily preclude you from acceptance. These questions are to help us assess whether the school program is suitable for you at the present moment, and be prepared in any medical emergency.**